

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Independent Insurance Agents & Brokers of America, Inc. Political Action Committee (InsurPAC)**

Full Name (Last, First, Middle Initial)

**A. Tara Philbin**

Mailing Address 220 Broadway Ste 304

City

Lynnfield

State

MA

Zip Code

01940-2354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Philbin Insurance Group

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : 13588716**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Clark A. Smith**

Mailing Address 716 W Gore

City

Lawton

State

OK

Zip Code

73501-3717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Smith &amp; Sons Insurance Agency, Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : 13588718**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael A Carriker**

Mailing Address 1813 N Oak St

City

Myrtle Beach

State

SC

Zip Code

29577-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Waccamaw Insurance Services, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : 13588720**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

800.00

**TOTAL** This Period (last page this line number only)..... ►